



South Carolina Department of Insurance

Division of Market Services
Office of Special Services
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MARK SANFORD
Governor

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APPLICATION FOR RENEWAL OF ADMINISTRATOR OF INSURANCE BENEFIT PLAN FOR THE LICENSING PERIOD 03/01/2007 THRU 02/28/2008.

Company Name: _____
Mailing Address: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____

Company Code: _____

Contact: _____

Business Phone No: _____

THE RECORDS OF THE SOUTH CAROLINA DEPARTMENT OF INSURANCE REFLECT THAT YOUR ORGANIZATION IS CURRENTLY LICENSED AS AN ADMINISTRATOR OF INSURANCE BENEFIT PLAN PURSUANT TO THE REQUIREMENT OF S.C. CODE ANN. 38-51-20 (SUPP. 1997). YOUR CONTINUATION LICENSE FEE IS \$100. PLEASE MAKE YOUR CHECK PAYABLE TO SOUTH CAROLINA DEPARTMENT OF INSURANCE. THIS APPLICATION MUST BE COMPLETED AND RETURNED TO THIS DEPARTMENT ALONG WITH ALL OTHER REQUIRED ITEMS BY 03/01/2008.

SECTION I – LIST ALL OFFICERS AND DIRECTORS (Attach a completed biographical affidavit)

1. _____
2. _____
3. _____
4. _____

SECTION II – PROVIDE EXPIRATION DATE OF SECURITY PLEDGED

Expiration Date of Surety Bond: _____

SECTION III – LIST ALL INSURANCE COMPANIES WHICH COVER RESIDENTS OF THIS STATE (Attach a separate sheet if necessary)

1. _____
2. _____
3. _____
4. _____

SECTION IV – LIST ALL SELF INSURED ENTITIES WHICH COVER RESIDENTS OF THIS STATE (Attach a separate sheet if necessary)

1. _____
2. _____
3. _____
4. _____

SECTION V – LIST ALL MULTIPLE EMPLOYER OR SINGLE EMPLOYER PLANS WHICH COVER RESIDENTS OF THIS STATE (Attach a separate sheet if necessary)

1. _____
2. _____
3. _____
4. _____

APPLICANT'S SWORN STATEMENT

I do solemnly swear that all information contained within this application, is complete, true, and correct to the best of my knowledge.
Sworn to before me this _____ day of _____

Signed _____

Title _____